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| (Reque | stor's Name) |
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2020 JUL 28 AM 9: 34 SECRETARY OF STATE

Mila

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATIO | | EDUCATE A Y | OUTH, INC. | | |
|--------------------------------|---|---|----------------------|---|-------------|
| DOCUMENT NUMBER: _ | | √20000000671 | | | |
| The enclosed Articles of Ame | ndment and fee are subm | itted for filing. | | | |
| Please return all corresponder | ce concerning this matter | to the following: | | | |
| | | HERFA M. RO | ВВ | | |
| | (| Name of Contact | Person) | | |
| | REACH 1 | TO EDUCATE A | YOUTH, INC | 3 . | |
| | - | (Firm/ Compa | my) | | |
| | 2700 W. (| OAKLAND PARI | K BLVD., ST | E. 22 | |
| | · · · | (Address) | | | |
| | OAK | LAND PARK, FI | 33311 | | |
| _ | (1 | City/ State and Zi | p Code) | | |
| | | hmpwr@yahoo | o.com | | |
| E- | mail address: (to be used I | or future annual r | eport notifica | tion) | |
| For further information conce | rning this matter, please c | all: | | | |
| | HERFA M. ROBB | | (954) at | 380 - 0690 | |
| (1 | Name of Contact Person) | | (Area Cod | e) (Daytime Teleph | one Number) |
| Enclosed is a check for the fo | llowing amount made pay | able to the Florid | a Department | of State: | |
| □ \$35 Filing Fee | ■\$43.75 Filing Fee & □ Certificate of Status | 3\$43.75 Filing Fe Certified Copy (Additional copy enclosed) | Ce y is Ce (Ac | 2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is iclosed) | |

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

| Articles | to s of Incorporation of | 2020 SECR |
|---|-------------------------------------|---------------------------------------|
| REACH TO ED | DUCATE A YOUTH, INC. | |
| (Name of Corporation as currently filed with the Florida I | Dept. of State) | ₩ 20 00 1 |
| N2000000 | 00671 | SSS 8 |
| (Document Numb | er of Corporation (if known |) Pro G |
| Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation: | es, this <i>Florida Not For Pro</i> | ofit Corporation adopts the following |
| A. If amending name, enter the new name of the corporat | ion: | |
| N/A | | The new |
| name must be distinguishable and contain the word "corporate "Company" or "Co," may not be used in the name. | tion" or "incorporated" or | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS | N// | Α |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/ | Α |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | (Florīda . | street address) |
| | (City) | , Florida (Zip Code) |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai | Agent: | • |

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change X Remove X Add | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|--|------------------------------|---|------------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| Change Add | | N/A | |
| Remove | | - | |
| 2) Change Add | | N/A | |
| Remove 3) Remove Add Remove | | N/A | |
| 4) Change Add | | N/A | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | N/A | |
| Remove | | | |
| E. If amending or addin (attach additional shee | | onal Articles, enter change(s) here: essary). (Be specific) | |
| | ARTIC | LE III SHOULD BE RESTATED LIKE THIS: | |
| p.1. THE SPECIFIC PU | RPOSE I | FOR WHICH THIS CORPORATION IS ORGANIZED | D IS: TO ASSIST IN PROVIDING |
| FINANCIAL SUPPORT | TO TEA | CH AND INSPIRE INDIVIDUALS TO ACHIEVE T | HEIR GOALS BY CREATING AN |
| APPROACH AND LEV | ERAGE 1 | TO ACADEMICS AS WELL AS DIRECT THEM TO | THE BUSINESS SKILLS THEY |
| NEED TO COMPETE IN | THEIR | FIELD OF STUDY. | |

| p. 2. IF THIS ORGANIZATION IS | DISSOLVED, ANY REMAINING ASSETS WILL BE USED | |
|--|---|-----------------------------|
| CHARITABLE PURPOSES AND TO H | HELP EDUCATE THE NEEDY. | |
| ADTICLE IV | PHOTE IS DE DECTATEIN LIVE THE. | |
| ARTICLETV | SHOULD BE RESTATED LIKE THIS: | |
| p. 1. THE DIRECTORS SHALL BI | E APPOINTED BY THE PRESIDENT OF THE CORPORATI | ON. |
| | | |
| | | |
| Plrocrall | Till a Till a la sa cora | |
| Please add | This EIN number to my rec | 0KQ2 |
| | 84-4436992 | |
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| Fl. days of a bound by ACS days. | N/A | ican and and |
| The date of each amendment(s) adoption tate this document was signed. | n: | , if other than the |
| - | N/A | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| | es not meet the applicable statutory filing requirements, this date | e will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted was/were sufficient for approval. | by the members and the number of votes cast for the amendme | nt(s) |

| Dated | 07/27/2020 |
|-----------|---|
| Signature | Robb |
| | By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| | HERFA M. ROBB |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.